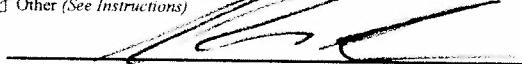


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 12/03)

1. CIR./DIST./DIV. CODE NJXNA	2. PERSON REPRESENTED Zbigniew Cichy	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 10-633 SRC(2)		4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER
7. IN CASE/MATTER OF (Case Name) USA v. Nowak		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other
10. REPRESENTATION TYPE (See Instructions) CC			

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense.

Consp. to Commit Wire Fraud 18:1349

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Henry E. Klingeman, Esq. and Anna Cominsky, Esq. Krovatin Klingeman, LLC 60 Park Place, Suite 1100 Newark, NJ Telephone Number: 973-424-9777	13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input checked="" type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: Mark A Berman, Esq. Appointment Dates: 11/16/12	<input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel
<input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input checked="" type="checkbox"/> Other (See Instructions)		
 11/16/12 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		

CLAIM FOR SERVICES AND EXPENSES

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment and/or Plea		0.00		0.00	
	b. Bail and Detention Hearings		0.00		0.00	
	c. Motion Hearings		0.00		0.00	
	d. Trial		0.00		0.00	
	e. Sentencing Hearings		0.00		0.00	
	f. Revocation Hearings		0.00		0.00	
	g. Appeals Court		0.00		0.00	
	h. Other (Specify on additional sheets)		0.00		0.00	
	(RATE PER HOUR = \$) TOTALS:	0.00	0.00	0.00	0.00	
16. Out of Court	a. Interviews and Conferences		0.00		0.00	
	b. Obtaining and reviewing records		0.00		0.00	
	c. Legal research and brief writing		0.00		0.00	
	d. Travel time		0.00		0.00	
	e. Investigative and other work (Specify on additional sheets)		0.00		0.00	
	(RATE PER HOUR = \$) TOTALS:	0.00	0.00	0.00	0.00	
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):			0.00		0.00	

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental PaymentHave you previously applied to the court for compensation and/or reimbursement for this work? YES NO If yes, were you paid? YES NO
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature of Attorney _____ Date _____

APPROVED FOR PAYMENT — COURT USE ONLY

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT. \$0.00
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED \$0.00
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE